

Entered - 8-17-01- sb  
CL - 01L0523 ALEXIS HOLMES

01- R-1558

CLAIM OF: MARCO DERIEST  
401 Tree Corners Circle  
Norcross, Georgia 30092

For damages alleged to have been sustained as a result of personal  
injuries due to a vehicular accident on June 22, 2001 at 2050  
Cheshire Bridge Road.

THIS ADVERSE REPORT IS APPROVED

BY: Rosalind Rubens Newell  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

*Robert N. [Signature]* OLS

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0523

Date: 9/14/01

Claimant /Victim MARCO DEPRIEST

BY: (Atty)(Ins.) \_\_\_\_\_

Address: 401 Tree Corners Circle Norcross, Georgia 30092

Subrogation: \_\_\_\_\_ Claim for Property damage \$ \_\_\_\_\_ Bodily Injury \$ 1,019.68

Date of Notice: 8/15/01 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) \_\_\_\_\_

Date of Occurrence 6/22/01 Place: 2050 Cheshire Bridge Road

Department Police Division: Field Operations

Employee involved Officer Michael Peters Disciplinary Action: None taken

**NATURE OF CLAIM:** The claimant alleges that he sustained injuries while being transported to the City jail in a City vehicle when another vehicle pulled out into the roadway and collided with the City vehicle. There was no negligence on the part of the City employee in causing this accident. Furthermore, according to regulations, the claimant was properly secured in side the City vehicle at the time of the accident.

**INVESTIGATION:**

Statements: City employee X Claimant \_\_\_\_\_ Other \_\_\_\_\_ Written X Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams X Reports: Police X Dept Report \_\_\_\_\_ Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

**BASIS OF RECOMMENDATION:**

Function: Governmental X Ministerial \_\_\_\_\_

Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

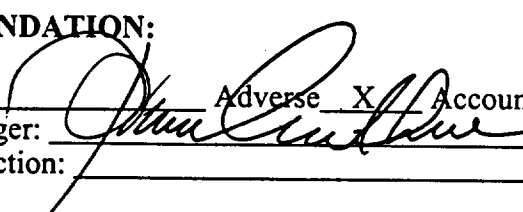
Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

**RECOMMENDATION:**

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 09-17-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

RECEIVED AUG 15 2001

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

Holmes  
RE: CLAIM FOR DAMAGES 08/16/01  
Today's Date: 08-11-2001

Dear Municipal Clerk:

ENTERED - 8-17-01 - SB  
0110523 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1019.67 property and/or \$ 1019.67 bodily injury for which I contend the City is liable.

1. Date of incident: 06-27-2001 (month/day/year) 2. Time of Incident: 13:25 3. Police called: Yes Yes No
4. Location of incident (including street address): 2050 Cheshire Bridge Rd.
5. Name of your insurance company: White being transported for expenses and ag 3011 Trk + fair
6. State what and how incident occurred: The driver of vehicle #1 pulled out into the roadway from the address of 2050 Cheshire Bridge both vehicles blinded Officer Michael Peters was traveling approx 40mph. Since Officer Peters did not place my safety restraint on my person (seat belt) it resulted in my person being flung into the bullet proof glass head first.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: The vehicle I was driving was not involved in the accident  
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: 1999 Ford Crown Victoria Michael Peters Atl. Police Dept  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Michael Peters 675 Ponce De Leon Ave (404) 853-3434  
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Marco DePriest  
Signature of Claimant

Marco DePriest

(Print Claimant's Name)

401 TREE CORNERS CIRCLE

(Address)

Norcross Ga. 30012

(City, State and Zip Code)

404) 365-0116

(Work Number)

770) 931-8385

(Home Number)

01-2 -1558